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accepted it and received its benefits. Now the public rightly looks to you for something in return. You have become a power for good in a truer and fuller sense than ever before.

There lies before you a large field with untold possibilities. Whether you are going to engage in private, social, or hospital work, or possibly become the superintending spirit in some large institution, may not yet be settled. Take time to think before you decide.

Wherever you go, take with you the spirit of kindness and sympathy. That will open the door for you to success, where all else might fail. Whatever you do, don't feel it below your dignity to do the little menial and unpleasant things when needed.

You will be placed face to face with suffering and misery, plenty and poverty. You will meet characters beautiful and characters impossible. You will care for those who will idolize you and with tears thank you, and also for those whose meanness will find no respite in abusing you. But don't let such disturb you. Remember, you are a skilled servant in the service and for the good of the public. There is no greater reward than the knowledge of a faithfully performed duty. There is no greater punishment than the constant reminder of a slighted conscience.

Continue to be a student. You may think you know a lot, and you do; but the most has yet to be learned.

Never forsake your classmates, especially those who might happen to be less fortunate than you. Keep in close touch with your association, your alumnae, and your alma mater. You will find a great help and strength in that.

Get the feeling that your work is worth something. Good, honest work demands an honest compensation. Beware, however, of the infection of commercialism; that will stifle you and take the loveliest out of you.

Never forget to take with you a gentle touch, a kind word, and a sweet smile. And, lastly, take with you the unbounded good will of the Hackley Hospital. May all honorable success be yours!

THE MENACE OF THE FEEBLE-MINDED¹

By LUCIA L. JAQUITH, R.N.

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I have not chosen this subject because I think that I know a great deal about it, but because I am anxious that nurses as a body should well understand what is perhaps the most important social problem

¹ Read at the semi-annual meeting of the Massachusetts State Nurses' Association, October, 1913.

confronting us today. The *Union Signal* patiently tells us in every issue that "It is glorious to man a life-boat but better to build a light-house." We nurses are being principally trained to "man life-boats" under the direction of our helmsmen, physicians. It is certainly one of the most glorious things in the world, but in the past few years the "light-house" principle of preventing disease and its attending evils, as far as possible, has gained ground rapidly. We cannot all build light-houses but we can, as we man our life-boats, spread abroad our conviction that more light-houses are needed.

Now most of these metaphorical light-houses must be built by means of good legislation and proper enforcement of the good laws when secured. The constitution of the United States tells us that we are a government "of the people, for the people and by the people." In the main it probably is true, and so when any individual or group of individuals, impressed by their experience along certain lines, feel that the existing laws covering these matters could and should be improved, they must first get the people with them. Politicians say "create public sentiment," I like better to say, we must secure public understanding, often difficult, but once secured, good legislation follows. We have no direct voice in this, but when convinced of the desirability of any legislation we can use our influence where we believe it may have some weight, and hope for the best. Some one has said that men do not go to the polls to express the opinions of their wives, sisters or old-maid aunts; doubtless this is true, but they may come nearer it than they think sometimes.

Dr. Hastings Hart, director of the Department of Child Helping of the Russell Sage Foundation, in a paper read before the American Prison Association of Baltimore, last fall, defines the term feeble-minded as follows: "Any degree of mental defect, due to arrested or imperfect development, as a result of which the person so affected is incapable of competing on equal terms with his normal fellows or of managing himself or his affairs with ordinary prudence." An idiot is defined as a person whose mentality would not exceed that of a normal child of two years; an imbecile, as one whose mentality would not exceed that of a normal child of seven years; and a moron, as one whose mentality would not exceed that of a normal child of twelve years. You may be more familiar with the last named class as "high grade imbeciles" and it is often among young girls difficult to distinguish them from their normal associates except by people psychologically trained to do so. This results in their being very unjustly blamed and held responsible for their acts when they should be pitied and protected as little children.

Reliable statistics are now available in many reform schools for girls which set the average percentage of mental defectives among them

as high as 40 per cent and Dr. Fernald, of the Massachusetts School for Feeble-minded at Waverly, states that at least 25 per cent of the inmates of all our penal institutions are feeble-minded or mentally defective. He estimates that there are in the United States not less than 200,000 feeble-minded people; some good authorities, less conservative, say 300,000. Of these, fully two-thirds are at large in the custody of parents, relatives or friends, and as many as 60,000 are women of child-bearing age. That home custody does not prevent these women from finding mates, either by marriage or otherwise, has been demonstrated times without number. Fortunate indeed is the family that guides such a member from the cradle to the grave without her reproducing her kind. Statistics prove that these types cannot be expected to breed true and normal offspring.

Dr. Henry Goddard, of the New Jersey School for Feeble-Minded, states: "The feeble-minded woman is much more dangerous to society than the feeble-minded man, because she is much more likely to find a mate, in the neighborhood of three times as likely." It is difficult for a feeble-minded man to find a mate except among women of his own type, while it is all too true that the woman finds innumerable men ready to take advantage of her inability to protect herself. It is often difficult to trace the family histories of these cases, but where it can be done, appalling statistics are often revealed. Dr. Goddard reports one case, where very perfect records were secured, which he believes not exceptional, could the facts in all cases be secured. This case takes us back several generations to a young man in a military camp who became associated with a feeble-minded girl who bore him one child. He later married a normal woman who had six normal children. Up to date the descendents of the one child of the feeble-minded girl are practically equal in number to those of the six children of the normal woman. On the normal side no case of feeble-mindedness, drunkenness, prostitution or criminality occurs; on the feeble-minded side, over 33 per cent belongs to those classes, and where apparently normal children have appeared, the defective strain has invariably reappeared in their offspring.

There are now a considerable number of reliable reports available from vice commissions of various cities in different parts of our country. They are a unit in the belief that as high as 50 per cent of the professional prostitutes are defective mentally. Now if 50 per cent of fallen women are mental defectives, and 25 per cent of all inmates of penal institutions, doesn't our road look clear before us? The reproduction of these people must be stopped, and how? Sterilization? No. The effect of turning 60,000 sterile feeble-minded women loose in society is too easy to forecast, the results to morals and in the spread of disease would be appall-

ing. Segregation is probably the only safe and humane method and is not impossible to achieve, once the necessity is understood. The expense would be small compared with the resulting ultimate saving not only of money but of happiness to the whole world.

Let us then keep abreast of this situation and be prepared to use our influence whenever and wherever it will further this cause.

NURSING OF EYE PATIENTS

By SARAH R. CLARK, R.N.

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Head Nurse of Eye Wards in the same Hospital*

In the following article I have, by request, endeavored to present as concisely as possible, and for the use of the nurse, our method of taking care of eye patients, both before and after cataract extraction, as used in the eye-wards at the University Hospital.

If the operation is performed outside the hospital in a private house, as it sometimes is, the nurse will between the visits of the physician, be obliged to take the entire responsibility of the case, and should therefore realize how important it is to know thoroughly the proper care of the patient after cataract extraction.

If the patient is under care prior to the operation, a cathartic is given the night before. For local preparation the brows and margin around the eyes and lashes are thoroughly washed with warm sterile water and castile soap, followed by bichloride solution, 1-5000 after which the eyes are irrigated with warm boric acid solution, 3 per cent. Spray nasal passages with 1-10000 solution of potassium permanganate. If there is any discharge from the tear duct or conjunctiva the operation will probably be postponed, because the wound would be almost certain to become infected. Irrigations of boric acid solution or bichloride solution and instillations of argyrol, 25 per cent, are used at frequent intervals. Bacteriologic examinations of the discharge are made from time to time until the micro-organisms have been made to disappear.

On the day of the operation, wash brows and lashes and use spray, etc., several times, the last preparation being one hour before the operation. The eyes are then covered with gauze pads soaked with boric acid solution, cotton pads are put over these, and a roller bandage applied. *Do not use adhesive.* Both eyes are always prepared, and the dressings put on only at the final preparation.

If the patient is a woman, have the hair in one braid at the crown of the head so as to be well out of the way of the dressing.